

LEON GREENBERG, ESQ.  
Law Office of Leon Greenberg  
2965 South Jones Boulevard #E-4  
Las Vegas, Nevada 89146  
(702) 383-6085  
(702) 385-1827(fax)  
[leongreenberg@overtimelaw.com](mailto:leongreenberg@overtimelaw.com)

Attorney for Plaintiff

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

SABRINA PENCEAL, SHIREEF  
JONES and KRISTY WALDRIP,  
Individually and on behalf of all others  
similarly situated,

Plaintiffs,

vs.

EMPIRE BEAUTY SCHOOL INC.,  
EEG INC., EEG LLC, CHIC SCHOOLS,  
INC., EMPIRE EDUCATION GROUP,  
INC., FRANK SCHOENEMAN,  
MICHAEL D. BOUMAN, REGIS  
CORPORATION, and "John Doe  
Entities", name fictitious, name and  
number unknown, all conducting  
business as the Empire Education Group,

Defendants.

**Case No.:** 1:13-cv-7572-WHP

**NOTICE OF FILING OF CONSENT  
TO JOINDER UNDER 29 U.S.C. §  
216(b)**

**S I R S:**

PLEASE TAKE NOTICE that annexed hereto is a Consent to Joinder pursuant  
to 29 U.S.C. § 216(b) which is to be filed with the Clerk of the Court as of the date

1 hereof on behalf of Dianne Harrigan.

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3 Dated: February 19, 2014

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Leon Greenberg, Esq.

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*/S/ Leon Greenberg*

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By:

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Leon Greenberg, Esq.  
2965 South Jones Boulevard E-4  
Las Vegas, NV 89146  
(702) 383-6085

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[leongreenberg@overtimelaw.com](mailto:leongreenberg@overtimelaw.com)

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Attorney for Plaintiffs

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UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

SABRINA PENCEAL, et al.

Docket No.: 13-CV-7572-WHP

Plaintiffs,

vs.

EMPIRE BEAUTY SCHOOL INC., et  
al.,

CONSENT TO JOIN CASE  
UNDER 29 U.S.C. § 216(b)

Defendants.

By signing below:

1. I agree to join this case under 29 U.S.C. § 216(b) to make a claim for unpaid minimum wages under the Fair Labor Standards Act;
2. State that, to the best of my knowledge, I performed work in an Empire Beauty School Salon within the three years prior to the date I have signed this consent form and I was not paid anything, except possibly tips from customers, for that work;
3. Understand that my attorney in this case will be Leon Greenberg of 2965 South Jones Boulevard Suite E-4, Las Vegas, Nevada, 89146, (702) 383-6085, and such other attorneys as he may associate with. I understand my attorney shall only receive a fee for representing me if money is collected on my claim and the amount of his fee shall be decided by the Court. I understand that fee, if any, will be paid by defendants in this case or as a percentage of the amount collected for me.
4. I am authorizing the named plaintiffs in this case to act as my agents and make decisions about this case for me. I also understand that the Court shall have to review and approve any proposed settlement of my claim and any payment to my attorney.

SIGNATURE

Printed Name

Mailing Address

City

State

Zip Code

Date

Telephone (optional)

E-mail (optional)

Location of Beauty  
School You Attended  
(City, State)